24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

Check If \$\insert 24-hour report	SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48	
Check If 24-hour report	· · · · · · · · · · · · · · · · · · ·	FEC IDENTIFICATION NUMBER ▼	
Full Name (Last, First, Middle Initial) of Payee DSPOlitical	Progressive Change Campaign Committee	C C00458000	
DSPolitical Mailing Address 1133 19th St NW #302 City State Zip Code Washington DC 20036 Purpose of Expenditure Online ads Office Sought: House Senate District: President Carol Shea-Porter Calendar Year-To-Date Per Election for Office Sought In Indiang Address Equipose of Expenditure Online Supported or Opposed by Expenditure: Carol Shea-Porter Calendar Year-To-Date Per Election for Office Sought Indiang Address Equipose of Expenditure Category/ Type Office Sought: House State: District: President Check One: Support Opposed Senate District: President Check One: Support Opposed District: President Opposed District	Check If X 24-hour report 48-hour report New report Amends report filed on		
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City State Zip Code DC 20036 Category/	Mailing Address 1133 19th St NW	10 26 2012	
Washington DC 20036 Transaction D: D382732 Purpose of Expenditure Online ads Name of Federal Candidate Supported or Opposed by Expenditure: Carol Shea-Porter Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Date Purpose of Expenditure City State Zip Code Purpose of Expenditure Category/ Type Disbursement For: Primary Gene City State Zip Code Purpose of Expenditure Category/ Type Disbursement For: Primary Opposed by Expenditure: Check One: Support Opposed by Expenditure: Check One: State: Senate District: Primary Opposed by Expenditure: Category/ Type Disbursement For: Primary Gene Calendar Year-To-Date Per Election for Office Sought Category/ Type Disbursement For: Primary Gene Calendar Year-To-Date Per Election for Office Sought Check One: Support Opposed by Expenditure: Check One: Support Opposed by Expenditure: Check One: Support Opposed Disbursement For: Primary Gene Other (specify) 8000.70 (b) SUBTOTAL of Unitemized Independent Expenditures		Amount	
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Mailing Address City State Zip Code Purpose of Expenditure Category/ Type	24658 68	2012	
City State Zip Code Purpose of Expenditure Category/ Type	Full Name (Last, First, Middle Initial) of Payee	Date	
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Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppo Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures. (c) TOTAL Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poliparty committee) any political party committee or its agent.	Satisgot y	Office Sought: House State:	
Check One: Support Oppo Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		District.	
(a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate Supported or Opposed by Expenditure:		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poliparty committee) any political party committee or its agent.	(a) SUBTOTAL of Itemized Independent Expenditures	. • 8000.70	
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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poliparty committee) any political party committee or its agent.	(c) TOTAL today and at Financian		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poli party committee) any political party committee or its agent.	(c) TOTAL Independent Expenditures	8000.70	
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(Electronically Ellet)	Adam Green [Electronically Filed] Deta		
Signature [Electronically Filed] Date 10 26 2012		20 2012	